

1. **(Appropriate ≥ 1)** Is there a **defibrillator** (AED) available?
2. **(Suspected death)** Tell me please, **why** does it look like s/he's **dead**?

a. **(OBVIOUS DEATH)** Do you think s/he is **beyond** any **help** (resuscitation/CPR)? ★

Uncertain



9D-2

b. **(EXPECTED DEATH)** Are you **certain** we should **not** try to **resuscitate** her/him? ★

Uncertain



9D-2

- a. **(Suspected Workable Arrest)** I'm sending the **paramedics** (ambulance) to help you now.  
**Stay on the line** and I'll tell you **exactly** what to do next.
- b. **(OBVIOUS or EXPECTED DEATH)** I'm sending someone to **assist** you. Is there **anything else** we can do?

\* **(OBVIOUS or EXPECTED DEATH)** Notify proper authorities.

DLS \* Link to ☎ ABC-1 unless: ➔

**Danger or Contamination**

▼ X-7

Suspected **Workable Arrest**

👁 ABC-1

AED available (age ≥ 1)

⚡ Z-1

Choked first (Unconscious)

👁 ABC-1

LEVELS	#	DETERMINANT DESCRIPTORS	➔ SEE ADDITIONAL INFO	CODES	RESPONSES	MODES
<b>E</b>		Suspected <b>Workable Arrest</b> ( <b>NOT BREATHING/INEFFECTIVE BREATHING</b> ):				
	1	<b>Not breathing</b> at all		9-E-1		
	2	Breathing <b>uncertain</b> (AGONAL)		9-E-2		
	3	<b>Hanging</b>		9-E-3		
	4	<b>Strangulation</b>		9-E-4		
	5	<b>Suffocation</b>	* (to be selected from Case Entry only)	9-E-5		
	6	<b>Underwater</b>		9-E-6		
<b>D</b>	1	<b>INEFFECTIVE BREATHING</b> (discovered during Key Questioning only) * (select only when <b>linking</b> from other <b>Chief Complaint</b> Protocols)		9-D-1		
	2	<b>OBVIOUS or EXPECTED DEATH</b> questionable		9-D-2		
<b>B</b>	1	<b>OBVIOUS DEATH</b> unquestionable (a through i)		9-B-1		
<b>Ω</b>	1	<b>EXPECTED DEATH</b> unquestionable (x through z)		9-Ω-1		

**NOT LICENSED FOR USE IN ANY  
ON-LINE CALLTAKING POSITION**



**OBSVIOUS DEATH**

**Local Medical Control must define and authorize** (☒) any of the patient conditions below before this determinant can be used. Situations should be unquestionable and may include:

- ☐ **a** – Cold and stiff in a warm environment
- ☐ **b** – Decapitation
- ☐ **c** – Decomposition
- ☐ **d** – Incineration
- ☐ **e** – **NON-RECENT** death
- ☐ **f** – Severe injuries obviously incompatible with life
- ☐ **g** – Submersion (> 6hrs)
- ☐ **h** – \_\_\_\_\_
- ☐ **i** – \_\_\_\_\_

Approval signature of local Medical Control

Date approved

**EXPECTED DEATH**

**Local Medical Control must define and authorize** (☒) any of the patient conditions below before this determinant can be used. Situations should be unquestionable and may include:

- ☐ **x** – Terminal illness
- ☐ **y** – **DNR (Do Not Resuscitate) Order**
- ☐ **z** – \_\_\_\_\_

Approval signature of local Medical Control

Date approved

**NON-RECENT**

**Six hours or more** have passed since the incident or injury occurred.

**INEFFECTIVE BREATHING**

The following, when **volunteered** at any point during Case Entry (code as **ECHO** on 2, 6, 9, 11, 15, 31):

- “Barely breathing”
- “Can’t breathe at all”
- “Fighting for air”
- “Gasping for air” (**AGONAL BREATHING**)
- “Just a little” (**AGONAL BREATHING**)
- “Making funny noises” (**AGONAL BREATHING**)
- “Not breathing”
- “Turning blue or purple”

**? Determining AGONAL BREATHING**

When the patient is **unconscious or not alert** and is **breathing abnormally or irregularly**, the EMD should **tell the caller** to state when the patient **takes each breath**. If the **time between breaths is 10 seconds or more**, this should immediately be considered **INEFFECTIVE BREATHING** that is likely a fading, **AGONAL** (dying) respiratory pattern. Check a maximum of **four breaths** (three intervals tested).

**(Read verbatim)** Okay, I want you to **tell me** every time s/he **takes a breath**, starting **now**.

- **≥ 10 sec. interval = AGONAL**

**Rules**

1. Often, when faced with a dying **DNR** patient, **callers just want reassurance that they are doing the right thing**. However, if the caller believes the **DNR** should be ignored or is uncertain if the

**DNR** is valid or in place, an appropriate response and resuscitation attempt should be made.

2. A healthy child (or young adult) found in cardiac arrest is considered to have a **foreign body airway obstruction until proven otherwise**.
3. An unconscious person in whom breathing cannot be verified by a 2<sup>nd</sup> party caller (with the patient) is considered to be **in cardiac arrest until proven otherwise**.
4. When the initial **Chief Complaint** appears to be **seizure**, go to **Protocol 12** regardless of consciousness and breathing status.

**Axioms**

1. “Funny noises” reported by the caller generally means the patient is unconscious with an uncontrolled airway and often represents **AGONAL** (dying) respirations at the **beginning of a cardiac arrest**.
2. **AGONAL** respirations can be confused with “still breathing” before they fade away during an arrest.
3. Automated external defibrillators (AED) might also be called “**shock boxes**.” Other local names may be used.

**DNR (Do Not Resuscitate) Order**

A physician’s order directing medical personnel to not attempt to revive a patient using CPR or other extraordinary means.